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Image# 14961164076

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

Foi	Other Than An Autho	rized Committe	ee		Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typin over the lines.	g, type	12FE4M5	
American College of Phy	rsician Services Inc F	PAC; aka ACP	Services	PAC	
ADDRESS (number and street)	25 Massachusetts Ave				
Check if different	Suite 700				
than previously reported. (ACC)	Washington			DC	20001-7401
2. FEC IDENTIFICATION NUM	BER ▼ CITY	A	S	STATE 🛦	ZIP CODE ▲
C C00403881	3. IS 1 REF		IEW N) OR	AM (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:		May 20 (M5)	-	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20) (M3) J	un 20 (M6)	Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 20		ul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P		General (
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE)	Election	on M M /	D D /	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G	i)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Report for the:	on	D D /	Y = Y = Y	in the State of
5. Covering Period 04	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	M M M 04	/ D D /	2014
I certify that I have examined this	Report and to the best of m	y knowledge and b	elief it is true	e, correct and	d complete.
Type or Print Name of Treasurer	Mr Richard L Trachtman Esq				
Signature of Treasurer Mr Richa	urd L Trachtman Esq	[Electronically	<i>Filed]</i> Da	ate 05	/ 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erroneou	s, or incomplete information r	nay subject the pers	on signing thi	s Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American College of Physician Services Inc PAC; aka ACP Services PAC

2014 04 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 37020.24 January 1, 2014 (b) Cash on Hand at 101917.69 Beginning of Reporting Period..... 124103.11 29536.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 131453.69 161123.35 6(a) and 6(c) for Column B)..... 16982.80 46652.46 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 114470.89 114470.89 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American College of Physician Services Inc PAC; aka ACP Services PAC

I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
(a) Individuals/Persons Other Than Political Committees		
	21665.00	96814.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	5371.00	24789.11
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	27036.00	121603.11
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	27036.00	121603.11
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	,	· · · · · · · · · · · · · · · · · · ·
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other	0500.00	2500.00
Political Committees	2500.00	2500.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(IIOIII Ochedule 110)	0.00	0.00
(b) Lovin Funda (from Cabadula HE)	0.00	0.00
(b) Levin Funds (from Schedule H5)	7	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	20526.00	124103.11
12, 10, 17, 10, 17, and 10(0))	29536.00	124103.11
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	29536.00	124103.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN B Calendar Year-to-Date	
(a) Al	ing Expenditures: located Federal/Non-Federal ctivity (from Schedule H4)	Total This Period	Calcinati Four to Duto
(i)	Federal Share	0.00	0.00
(1)	r ederar Strate		
(ii)	Non-Federal Share	0.00	0.00
	her Federal Operating		
	spenditures	1082.80	3002.46
	tal Operating Expenditures	1082.80	3002.46
•	dd 21(a)(i), (a)(ii), and (b))▶ ers to Affiliated/Other Party	1002.00	3002.40
	ttees	0.00	0.00
Contrib	utions to I Candidates/Committees		
	her Political Committees	10500.00	38250.00
-	ndent Expenditures		
(use S Coordi	chedule E)nated Party Expenditures	0.00	0.00
(2 U.S	C. §441a(d)) chedule F)	0.00	0.00
(use S	cnedule F)	0.00	0.00
Loan F	Repayments Made	0.00	0.00
Louiri	repaymente Made		
	Made	0.00	0.00
	ls of Contributions To: dividuals/Persons Other		
	nan Political Committees	5400.00	5400.00
			0.00
	blitical Party Committees	0.00	0.00
` '	ther Political Committees uch as PACs)	0.00	0.00
(5)	dell as PAOS)	0.00	
(d) To	tal Contribution Refunds		
(a	dd Lines 28(a), (b), and (c))▶	5400.00	5400.00
Other I	Disbursements	0.00	0.00
			
	I Election Activity (2 U.S.C. §431(20)) located Federal Election Activity		
` '	om Schedule H6)		
	Federal Share	0.00	0.00
()	F		
(ii)	"Levin" Share	0.00	0.00
(b) Fe	ederal Election Activity Paid Entirely		0.00
/ \ -	With Federal Funds	0.00	0.00
	tal Federal Election Activity (add	0.00	0.00
L	ines 30(a)(i), 30(a)(ii) and 30(b))▶	3.00	0.00
Total D	visbursements (add Lines 21(c), 22,		
	25, 26, 27, 28(d), 29 and 30(c))	16982.80	46652.46
, -	. , , , , , , , , , , , , , , , , , , ,		13002.40
Total F	ederal Disbursements		
	ct Line 21(a)(ii) and Line 30(a)(ii)		
from Li	ne 31)	16982.80	46652.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	27036.00	121603.11
4. Total Contribution Refunds (from Line 28(d))	5400.00	5400.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21636.00	116203.11
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1082.80	3002.46
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1082.80	3002.46

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER:				PAGE	6	OF	25	
(check only one)									
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		13		14		15	16	;	17

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Physicial	n Services Inc PAC; aka ACP Servi	ces PAC
Full Name (Last, First, Middle Initial) James W Adamson MD FACP		Date of Receipt
Mailing Address 7137 Browns Way Shortcut	t Rd	04 10 2014
City	State Zip Code SC 29527-6407	Transaction ID : C2719463
Conway EEC ID number of contributing		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Conway Medical Center	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Sanjay Agarwal MD		Date of Receipt
Mailing Address 406 N Crestview Dr		04 27 2014
City	State Zip Code WA 98837-1413	Transaction ID : C2722006
Moses Lake	WA 98837-1413	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self-employed	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Laura Lee Allendorf		Date of Receipt
Mailing Address 9009 Avis Ct		04 10 2014
City	State Zip Code	Transaction ID : C2719543
Vienna	VA 22182-2162	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	
Self-employed	PAC Consultant	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optional).	· · · · · · · · · · · · · · · · · · ·	510.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	7	OF	25
(check only one)								
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	13		14		15	16	,	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

/	ian dervices inc i Ao, aka Aoi derv						
Full Name (Last, First, Middle Initial) A. Felicia L Austin Jordan MD FACE							
Mailing Address 10923 Tulip Garden Ct		04 10 / Y = Y = Y = Y					
City	State Zip Code TX 77065-3230	Transaction ID : C2719540					
Houston	TX 77065-3230	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	500.00					
Name of Employer	Occupation						
Kelsey Seybold	Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	500.00						
Full Name (Last, First, Middle Initial) B. James H Baker MD FACP		Date of Receipt					
Mailing Address 3503 River Oaks Dr		04 10 2014					
City	State Zip Code	Transaction ID : C2719466					
Muskogee	OK 74403-2310	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer	Occupation	-					
Care ATC	Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial) C. Alphonse J Baluta MD FACP		Date of Receipt					
Mailing Address 1 Bretton Rd		04 10 2014					
City Londonderry	State Zip Code NH 03053-3650	Transaction ID : C2719464 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation						
Parkland Physician Serv	Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	250.00						
	al)	1250.00					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	8	OF	25
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Physician	n Services Inc PAC; aka ACP Servi	ces PAC
Full Name (Last, First, Middle Initial) Eileen D Barrett MD MPH FAC		Date of Receipt
Mailing Address 600 E Green Ave		04 11 2014
City	State Zip Code	Transaction ID : C2719975
Gallup	NM 87301-6048	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
Indian Health Services	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) B. Eileen D Barrett MD MPH FAC		Date of Receipt
Mailing Address 600 E Green Ave		04 11 2014 <u>2014</u>
City	State Zip Code	Transaction ID : C2720037
Gallup	NM 87301-6048	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Indian Health Services	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Lynn Bentson MD FACP		Date of Receipt
Mailing Address 1735 NW Woodland Dr		04 01 2014
City	State Zip Code	Transaction ID : C2671534
Corvallis	OR 97330-1743	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
SamaritanHealth	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Physicial	n Services Inc PAC; aka ACP Servi	ces PAC
Full Name (Last, First, Middle Initial) David M Borne MD FACP Mailing Address 2 Jay St		Date of Receipt
City New Orleans	State Zip Code LA 70124-4511	04 22 2014 Transaction ID : C2720283
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer LSUHSC	Occupation MD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Sarah T Corley MD FACP Mailing Address 6204 Vernon Palmer Ct		Date of Receipt 04 04 04 04 04 04 04
City McLean	State Zip Code VA 22101-2349	04 04 2014 Transaction ID : C2672170 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.00
Name of Employer NextGen Healthcare	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) . Noel N Deep MD FACP		Date of Receipt
Mailing Address 810 Violet Way	7. 6	04
City Antigo	State Zip Code WI 54409-9500	Transaction ID : C2671268 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Aspirus Clinics Inc	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional).	>	1380.00
TOTAL This Period (last page this line numb		

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	le name and address of any political committee to	5 SOUCH COMMIDULIONS HOM SUCH COMMILEE.
/ .	Services Inc PAC; aka ACP Servi	ces PAC
Full Name (Last, First, Middle Initial) Lisa L Ellis MD FACP Mailing Address 725 Woodson Pl		Date of Receipt
City Manakin Sabot FEC ID number of contributing	State Zip Code VA 23103-3162	04 11 2014 Transaction ID : C2720053 Amount of Each Receipt this Period
federal political committee. Name of Employer Medical College of Virginia Physicians Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date ▼	1500.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Kathleen Susan Franco Bronson M Mailing Address 70 Old Plank Ln		Date of Receipt 04 10 2014
City Chagrin Falls FEC ID number of contributing federal political committee.	State Zip Code OH 44022-2402	Transaction ID : C2719462 Amount of Each Receipt this Period 1000.00
Name of Employer Cleveland Clinic Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Gordon L Fung MD FACP Mailing Address 1837 10th Ave		Date of Receipt 04 02 2014
City San Francisco	State Zip Code CA 94122-4601	Transaction ID : C2671354 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer UCSF Medical Center Receipt For: □ Primary □ General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)	>	3000.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

	LINE N		PAGE	•	11	OF	25	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American College of Physician	n Services Inc PAC; aka ACP Servi	ces PAC
Full Name (Last, First, Middle Initial) Amit Ghose MD Mailing Address 4004 Birch Bluff Br		Date of Receipt
Mailing Address 1991 Birch Bluff Dr		04 11 2014
City	State Zip Code	Transaction ID: C2719968
Okemos	MI 48864-5915	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Byron Jay Hoffman Jr, MD FAC		Date of Receipt
Mailing Address 24201 Cherry		04 11 2014
City	State Zip Code	Transaction ID : C2719970
Chapel Hill	NC 27517-8554	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
UNC Physician Network	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Steven M Hohf MD		Date of Receipt
Mailing Address 9155 SW Barnes Rd Ste 238		04 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2671009
Portland	OR 97225-6629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Westside Internal Medicine	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional).	•	1500.00
TOTAL This Period (last page this line number	er only)	

ı		R LINE			PAGE	 12	OF	25	
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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		DAG
American College of Physicial	n Services Inc PAC; aka ACP Servi	ices PAC
Full Name (Last, First, Middle Initial) A. Roger S Khetan MD FACP		Date of Receipt
Mailing Address 2817 Dyer St		04 112014
City	State Zip Code	Transaction ID : C2719979
Dallas	TX 75205-1905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
Health Texas Provider Network	Physician	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General		
Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) Scott Allen Kirchner		Date of Receipt
Mailing Address 6555 Chippewa St		M = M / D = D / Y = Y = Y
Ste 201	Chale	04 27 2014
City	State Zip Code	Transaction ID : C2722032
Saint Louis	MO 63109-4110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
Self-employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Kesavan Kutty MD MACP		Date of Receipt
Mailing Address W140N7866 Lilly Rd		04 10 2014
City	State Zip Code	Transaction ID : C2719267
Menomonee Falls	WI 53051-4418	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
The Medical College of Wisconsin	Professor of Mediicne	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).		1500.00
,		
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American College of Physician Services Inc PAC; aka ACP Services PAC Full Name (Last, First, Middle Initial) Jay Louis Larson MD FACP Date of Receipt Mailing Address 4 Timber Ln 04 2014 15 City Zip Code State Transaction ID: C2714854 MT Clancy 59634-9787 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Self-employed Internist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rosanne M Leipzig MD PhD FAC Date of Receipt Mailing Address 2621 Palisade Ave Apt 10A 04 2014 26 City State Zip Code Transaction ID: C2721770 NY **Bronx** 10463-6110 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Mount Sinai MD Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joyce E Leon MD FACP Date of Receipt Mailing Address 853 Iroquois St 2014 04 11 City Zip Code State Transaction ID: C2720017 MI Detroit 48214-2711 Amount of Each Receipt this Period

300.00

С

Occupation Physician

Aggregate Year-to-Date ▼

300.00

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Henry Ford Hospital Receipt For:

Primary

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE	NU	MBER	PAGE	. 1	14	OF	25	
(chec	k only	or	ıe)						
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	13		14		15		16		17

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Physician	Services Inc PAC; aka ACP Servi	ces PAC
Full Name (Last, First, Middle Initial) Robert M Lubitz MD MPH FAC Mailing Address 1370 Rock Springs Cir NE		Date of Receipt
City Atlanta	State Zip Code GA 30306-2227	04 11 2014 Transaction ID : C2720021 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Wellstar	Occupation Hospital Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Walter Hugh Maloney MD FACP Mailing Address 2041 Rockbridge Rd		Date of Receipt
City Mc Gregor	State Zip Code TX 76657-3451	04 02 2014 Transaction ID : C2671279 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Self-employed Receipt For:	Occupation Physician/Executive Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Mark E Mayer MD FACP		Date of Receipt
Mailing Address 4102 Meadowbrook Blvd	7.0.1	04 10 2014
City University Heights	State Zip Code OH 44118-3839	Transaction ID : C2719544 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Cleveland Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.
,	ian Services Inc PAC; aka ACP Ser	VICES PAC
Full Name (Last, First, Middle Initial) Louis J Morledge MD FACP		Date of Receipt
Mailing Address 150 E 58th St		04 10 2014
City	State Zip Code	Transaction ID : C2719542
New York	NY 10155-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Morledge Medicine PLLC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dipti S Pancholy MD	ı	Date of Receipt
Mailing Address 584 Epirus HI		M = M / D = D / Y = Y = Y
City	State 7in Code	04 22 2014
City South Abington Township	State Zip Code PA 18411-8893	Transaction ID : C2724476
	10411-0093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	7
Samir B Pancholy LLC	Internist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Syed R Quadri MBBS FACP		Date of Receipt
Mailing Address 425 E Eagle Pass Rd		04 10 2014
City	State Zip Code	Transaction ID : C2719549
Elizabethtown	KY 42701-8576	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
Self-employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	al) >	750.00
TOTAL This Period (last page this line nu	mber only)	

FOF	R LINE	PAGE	1	16	OF	25			
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NAME OF COMMITTEE (In Full)	ian Services Inc PAC; aka ACP Serv	
Full Name (Last, First, Middle Initial) Wayne J Riley MD MBA MAC Mailing Address 336 White Swans Xing City Brentwood FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TN 37027-4037 C Occupation	Date of Receipt M
Meharry Medical College Receipt For: Primary General Other (specify) ▼	President & CEO Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Patricia E Sadler MD FACP Mailing Address 203 E Walnut St City	State Zip Code	Date of Receipt 04 23 2014 Transaction ID : C2720317
Clinton FEC ID number of contributing federal political committee. Name of Employer	SC 29325-2848 C Occupation	Amount of Each Receipt this Period 200.00
Hospice of Laurens County Receipt For: □ Primary □ General □ Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Donna P Seminara MD FACP Mailing Address 640 Ocean Ter City Staten Island	State Zip Code NY 10301-4538	Date of Receipt 04 11 2014 Transaction ID : C2720048 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 250.00	250.00
SUBTOTAL of Receipts This Page (option	al)	1450.00
TOTAL This Period (last page this line nur	<u></u>	

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or for commercial purposes, other than usi	ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) American College of Physic	sian Services Inc PAC; aka ACP Ser	vices PAC
Full Name (Last, First, Middle Initial) Stephen A Sherwin MD FACP		Date of Receipt
Mailing Address 3508 Clay St		04 26 2014
City	State Zip Code	Transaction ID : C2721573
San Francisco	CA 94118-1839	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Jason F Shiffermiller MD FACP)	Date of Receipt
Mailing Address 983331 Nebraska Medic	cal Ctr	04 03 2014
City	State Zip Code	Transaction ID : C2672148
Omaha	NE 68198-3331	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	_
UNMC	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Peter Charles Smith MD FAC		Date of Desciret
Mailing Address 4420 Crane Ct	vr	Date of Receipt 04 11 2014
City	State Zip Code	Transaction ID : C2719983
Loveland	CO 80537-8901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
Banner Health	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00
FOTAL This Period (last page this line nu	mber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Physician	n Services Inc PAC; aka ACP Servi	ces PAC
Full Name (Last, First, Middle Initial) Paul F Speckart MD MACP Mailing Address 3260 3rd Ave		Date of Receipt
City	State Zip Code	04 11 2014 Transaction ID : C2720051
San Diego	CA 92103-5616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self-employed	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. W James Stackhouse MD MACP		Date of Receipt
Mailing Address 710 Park Ave		04 10 2014
City	State Zip Code	Transaction ID : C2719552
Goldsboro	NC 27530-3835	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Goldsboro Medical Specialists	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Daniel M Sullivan MD FACP	·	Date of Receipt
Mailing Address 16800 Van Aken Blvd Apt 302		04 11 2014
City	State Zip Code	Transaction ID : C2719981
Shaker Heights	OH 44120-3650	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	1
Cleveland Clinic	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).		900.00
TOTAL This Period (last page this line number		

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE	NU	MBER	:	PAGE	. 1	19	OF	25
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
/	n Services Inc PAC; aka ACP Servi	ces PAC
Full Name (Last, First, Middle Initial) Frederick E Turton MD MBA MAC Mailing Address 640 Greystone Park NE		Date of Receipt
City Atlanta	State Zip Code GA 30324-5285	04 10 2014 Transaction ID : C2719269 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Emory University	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gregory Alan Underwood MD Mailing Address 5231 Lila Wood Cir		Date of Receipt 04 18 2014
City Charlotte	State Zip Code NC 28209-5537	Transaction ID : C2719553 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	275.00
Name of Employer Carolina Healthcare System	Occupation MD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) C. Sara L Wallach MD FACP		Date of Receipt
Mailing Address 365 Fair Haven Rd		04 11 2014
City Fair Haven	State Zip Code NJ 07704-3428	Transaction ID : C2719967 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer St Francis Medical Center	Occupation Physidcian	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional).	>	775.00
TOTAL This Period (last page this line number	er only)	

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or for	commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
Ar		Services Inc PAC; aka ACP Service	ces PAC
4. M	Il Name (Last, First, Middle Initial) lichael A Zimmer MD FACP illing Address 777 Cattail Ct NE		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
FE	y sint Petersburg C ID number of contributing leral political committee.	State Zip Code FL 33703-3170	Transaction ID : C2671535 Amount of Each Receipt this Period 100.00
Nai Mic	me of Employer chael A Zimmer MD PLC ceipt For:	Occupation Medical Doctor Aggregate Year-to-Date ▼	
Ful	Primary General Other (specify) ▼ Il Name (Last, First, Middle Initial)	400.00	
В	illing Address		Date of Receipt
City	у	Amount of Each Receipt this Period	
fed	C ID number of contributing leral political committee.	C	
	me of Employer ceipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼	
C Ma	ll Name (Last, First, Middle Initial)		Date of Receipt
fed	C ID number of contributing leral political committee. me of Employer	State Zip Code C Occupation	Amount of Each Receipt this Period
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUB	TOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	100.00
TOTA	AL This Period (last page this line number o	nly)	21665.00

	-g			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 OF 25 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
	ry information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Physician Section 1.2 Full Name (Last, First, Middle Initial) Dave Camp for Congress Mailing Address 5915 Eastman Ave Ste 100 City Midland FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2014 Primary General Other (specify) ▼	State MI C Coo	Zip Code 48640-6824	erson for the purpose of soliciting contributions to solicit contributions from such committee.
В.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer	State C Occupation	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
<u> </u>	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mailing Address City State FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ Aggreg		Year-to-Date ▼ Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period
			Year-to-Date ▼	

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2500.00

2500.00

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 22 OF 25
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlook orliy		
	Detailed Summary Page	21b	22 23 28a 28b	24 25 26 30b
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Any information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
American College of Physician Ser	vices Inc PAC; aka	ACP Servi	ces PAC	
Full Name (Last, First, Middle Initial)				
A. American Express			Date of Disburs	ement
Mailing Address PO Box 53852			04	30 2014
,	State Zip Code		Transaction II	D · D158409
Phoenix Purpose of Disbursement	AZ 85072-3852		Transastion i	7.2.00.00
Merchant service fees			Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		272.24
Office Sought: House Disbursen	nent For:			
	Primary General			
President	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. Bank of America Merchant Service	S		Date of Disburs	
Mailing Address PO Box 2485 WA2-505-01-40				03 2014
	State Zip Code		Transaction I	D - D450400
Openano	WA 99210-2485		Transaction I	138408 : ע
Purpose of Disbursement Merchant service fees			Amount of Each	n Disbursement this Period
Candidate Name		Category/ Type		810.56
Office Sought: House Disbursen	nent For:	71	,	,
	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C.			Date of Disburs	
Mailing Address			M M / D	D / Y Y Y Y
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Each	n Disbursement this Period
Office Sought: House Disbursen	nent For:			
	Primary General			
	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)		·····•	1	1082.80
				4000.00
TOTAL This Period (last page this line number only)		·····		1082.80

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 23 OF 25				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	ck only one)			
	Detailed Summary Page	21b	22 🗙 23 24	25 26		
[27	28a 28b 28c	29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)						
American College of Physician Se	rvices Inc PAC; aka	ACP Servic	ces PAC			
Full Name (Last, First, Middle Initial)			Data of Dishurasment			
A. Alexander for Senate 2014				- Y - Y - Y - Y		
Mailing Address 228 S Washington St Ste 115	7: 0 1		04 22	2014		
City Alexandria	State Zip Code VA 22314-5404		Transaction ID : D15718	9		
Purpose of Disbursement	VA 22314-3404					
Contributions to federal candidates			Amount of Each Disburser	nent this Period		
Candidate Name		Category/		2000.00		
Sen. Lamar Alexander Office Sought: House Disburse	ment For: 2014	Туре				
Senate President	Primary General Other (specify)					
State: TN District:						
Full Name (Last, First, Middle Initial)						
B. Hope for Congress			Date of Disbursement	- Y - Y - Y		
Mailing Address PO Box 3060			04 17	2014		
City Arlington	State Zip Code VA 22203-8060		Transaction ID: D15818	1		
Purpose of Disbursement Contributions to federal candidates		· · · ·	Amount of Each Disburser	nent this Period		
Candidate Name		Category/		5000.00		
Patrick Alan Hope Office Sought:	ment For: 2014	Туре				
Senate President	Primary					
State: VA District: 08 Full Name (Last, First, Middle Initial)						
C. Hope for Congress			Date of Disbursement			
Mailing Address PO Box 3060			04 17	2014		
City	State Zip Code		Transastian ID - D45040	•		
Arlington	VA 22203-8060		Transaction ID : D15818	2		
Contributions to federal candidates	Purpose of Disbursement Contributions to federal candidates					
Candidate Name		Category/	Amount of Each Disburser			
Patrick Alan Hope		Type		2500.00		
Senate President	ment For: 2014 Primary General Other (specify)					
State: VA District: 08						
SUBTOTAL of Disbursements This Page (optional)		······		9500.00		
TOTAL This Period (last page this line number only)	·····•				

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 24 OF 25
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
American College of Physician Ser	vices Inc PAC; aka	ACP Servi	ces PAC
Full Name (Last, First, Middle Initial)			
A. Matsui for Congress	Date of Disbursement		
Mailing Address PO Box 1738			04 22 2014
,	State Zip Code CA 95812-1738		Transaction ID : D157188
Purpose of Disbursement Contributions to federal candidates	00012 1700		Amount of Each Disbursement this Period
Candidate Name			Amount of Lacif Disbursement this Fellou
Rep. Doris Matsui		Category/ Type	1000.00
Senate	nent For: 2014 Primary General Other (specify)		
State: CA District: 05			
Full Name (Last, First, Middle Initial) B.			Date of Disbursement
	M - M / D - D / Y - Y - Y		
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	· · · ·	Amount of Each Disbursement this Period	
Candidate Name	Category/ Type		
	nent For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y = Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name	Amount of Each Disbursement this Period		
	nent For: Primary General Other (specify) ▼	Type	
Side.			
SUBTOTAL of Disbursements This Page (optional)		······	1000.00
TOTAL This Period (last page this line number only).			10500.00

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		Summary Page	21b 27	22 23 24 25 26 x 28a 28b 28c 29 30
Any information copied from such Reports and Statem	ente mov	not be sold or use		
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American College of Physician Serv	/ices In	c PAC; aka	ACP Servi	ces PAC
Full Name (Last, First, Middle Initial)				
- Jay Louis Larson MD FACP				Date of Disbursement
Mailing Address 4 Timber Ln				04 15 2014
•	tate	Zip Code		Transaction ID : D157649
Clancy Purpose of Disbursement	MT	59634-9787		11d13d0t101110 . D107043
On 4/15 intended to contribute \$500 not \$5,000				Amount of Each Disbursement this Period
Candidate Name			Category/ Type	4500.00
Office Sought: House Disbursem				
	Primary	General		
State: District:	Other (spe	GIIY) 🔻		
Full Name (Last, First, Middle Initial)				
B. Doug B McManus MD FACP			Date of Disbursement	
Mailing Address 400 N Wisconsin St				04 01 2014
	tate WI	Zip Code		Transaction ID : D157648
Port Washington Purpose of Disbursement	V V I	53074-1615		
On 3/31 intended to contribute \$100 not \$1,000. Refund received 4/1				Amount of Each Disbursement this Period
Candidate Name			Category/ Type	900.00
Office Sought: House Disbursem	ent For:		.,,,,,	
Senate	Primary	General	.,,,,,	
Senate President			.,,,,,	
Senate President State: District:	Primary		.,,,,,	
Senate President	Primary		.,,,,	Date of Disbursement
Senate President State: District: Full Name (Last, First, Middle Initial)	Primary		.,,,,,	Date of Disbursement
State: District: Full Name (Last, First, Middle Initial) Mailing Address	Primary		.,,,,,	
Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address	Primary Other (spe	cify) ▼	.,,,,,	
Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement	Primary Other (spe	cify) ▼		
State: District: Full Name (Last, First, Middle Initial) Mailing Address City S	Primary Other (spe	cify) ▼	Category/	M M / D D / Y Y Y Y
Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement	Primary Other (spec	cify) ▼		M M / D D / Y Y Y Y
State: District: Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate Disbursement	Primary Other (spec	cify) ▼	Category/	M M / D D / Y Y Y Y
State: District: Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate President I	Primary Other (spec	cify) ▼ Zip Code General	Category/	M M / D D / Y Y Y Y
State: District: Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate Disbursement	Primary Other (spec	cify) ▼ Zip Code General	Category/	M M / D D / Y Y Y Y
State: District: Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District:	Primary Other (special special	cify) ▼ Zip Code General cify) ▼	Category/ Type	Amount of Each Disbursement this Period
State: District: Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate President I	Primary Other (special special	cify) ▼ Zip Code General cify) ▼	Category/ Type	M M / D D / Y Y Y Y